

Fig.1

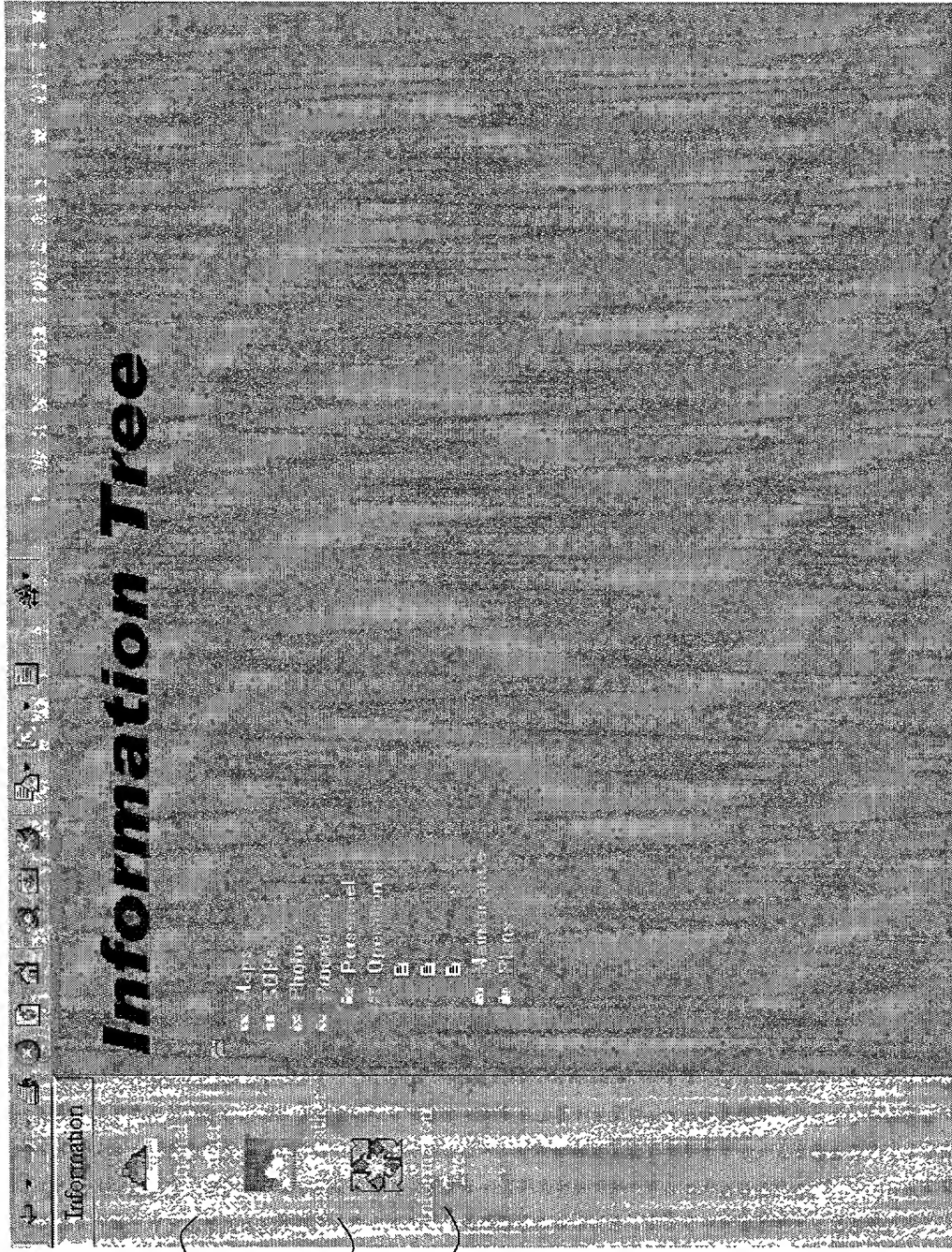


Fig.2

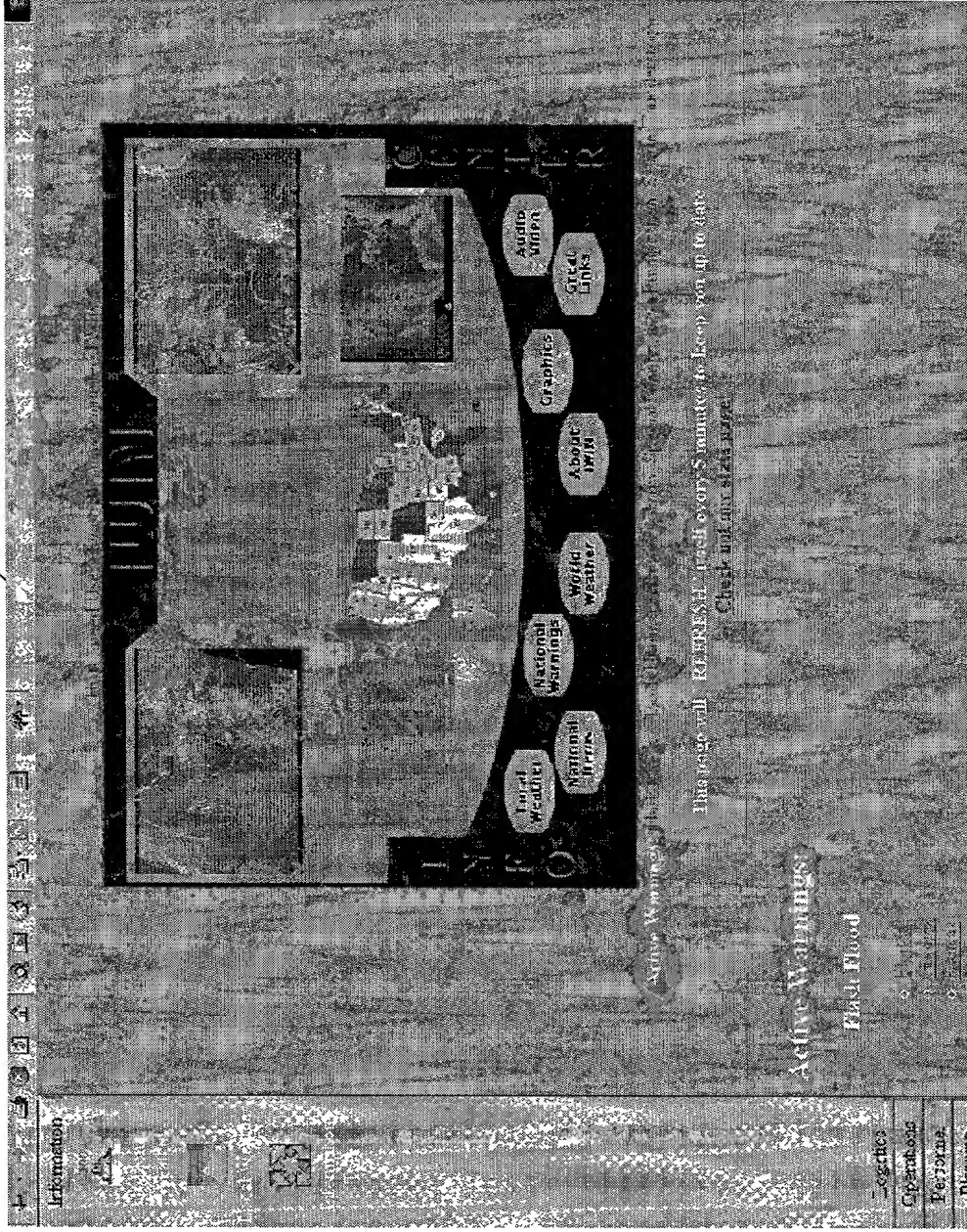


Fig.3

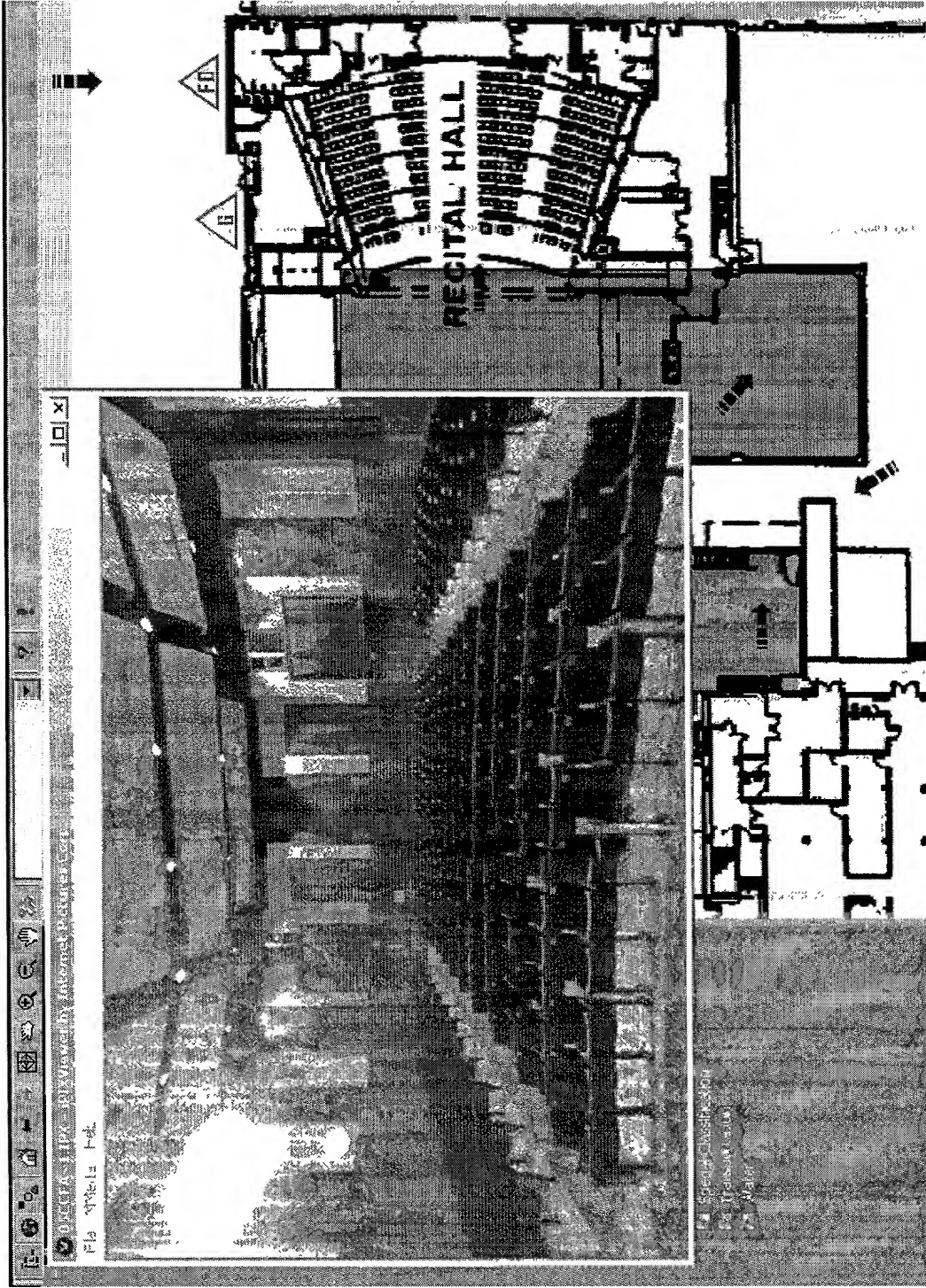


Fig.4

10038572, 010302



Fig.5

10033577.01030

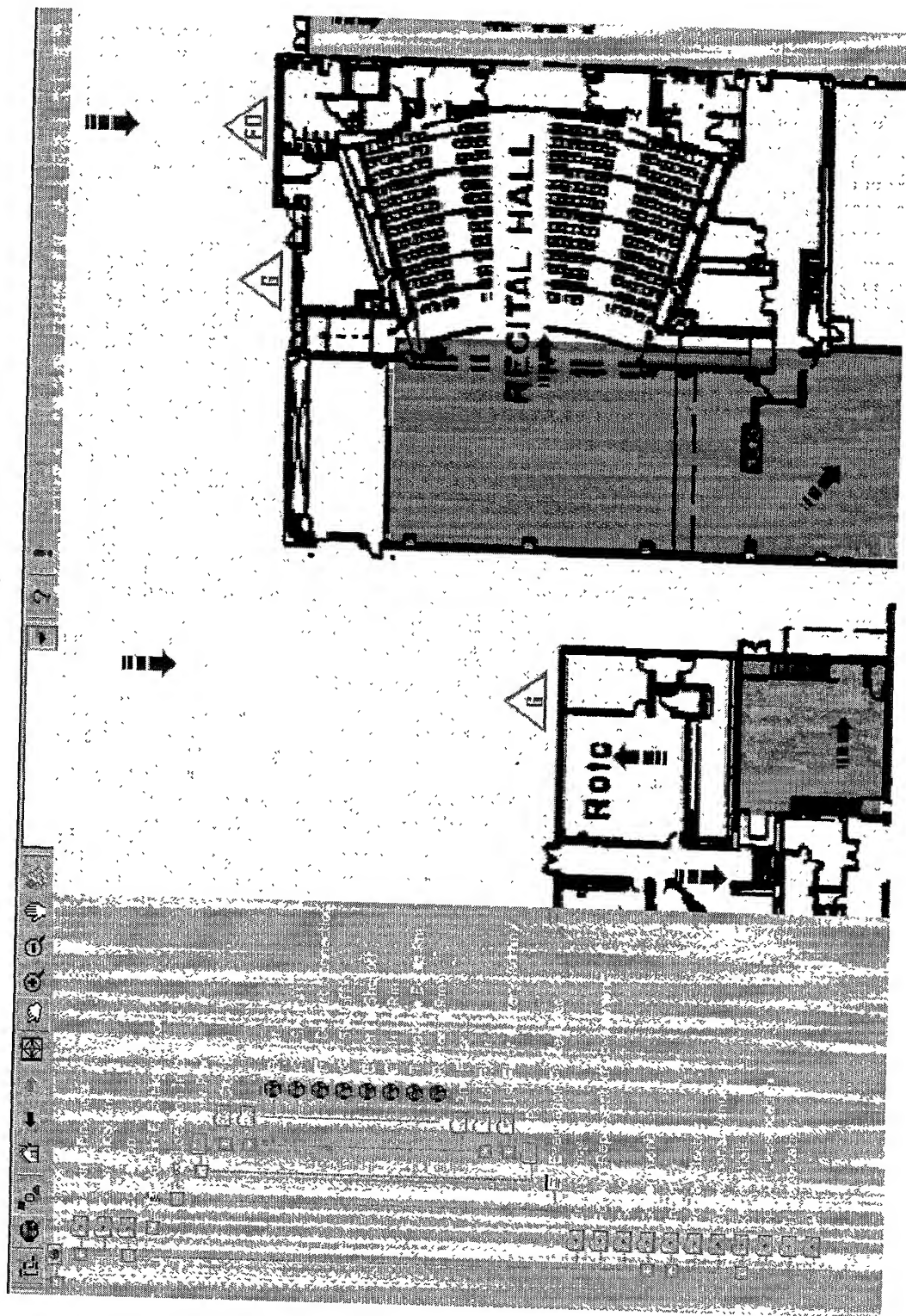


Fig.6

Response Options Generator

Name: Anthrax Attack on
Unit:

Date: 9/14/2001
Time: 10:02:48 AM

Save the following as events to get it loaded at next session:

- ☒ Senior officer assume on-scene command
- ☒ Notify command and responding units of situation
- ☒ Designate areas for responding patrols to report to staging area
- ☒ Establish liaison with IC and Command Post
- ☐ Notify management requirements
- ☐
- ☐
- ☐
- ☐
- ☐

Save Checklist

Please select a checklist item before entering comments.

Requested 30 officers, 24 hour coverage.

Save Comments

	Day3	Day4	Day5	Day6	Day7	Day8	Day9
13. Fatality Managen...	(13.05) Convert regional morgues to central processing						
	Apron, Rubber						
	Bar Code Set						
	Body Bag						
	Boots, Waterproof						
	Gloves						
	Gown						
	Mask HEPA						
	Meal, Responder						
	Mortuary						
	Mortuary						
	Mortuary						

Add New Attachment
 Base Template
 Export to Spreadsheet

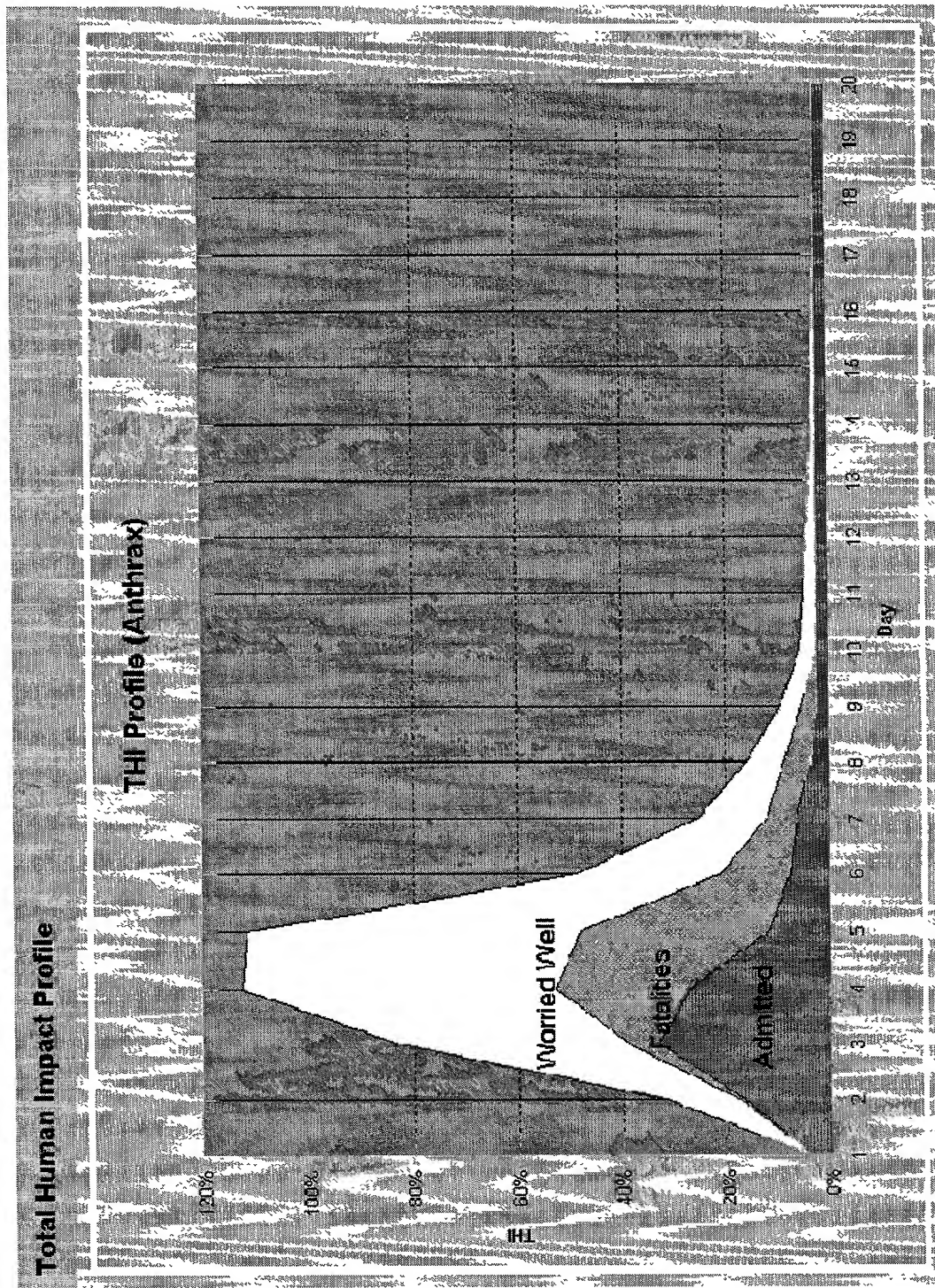


Fig.9

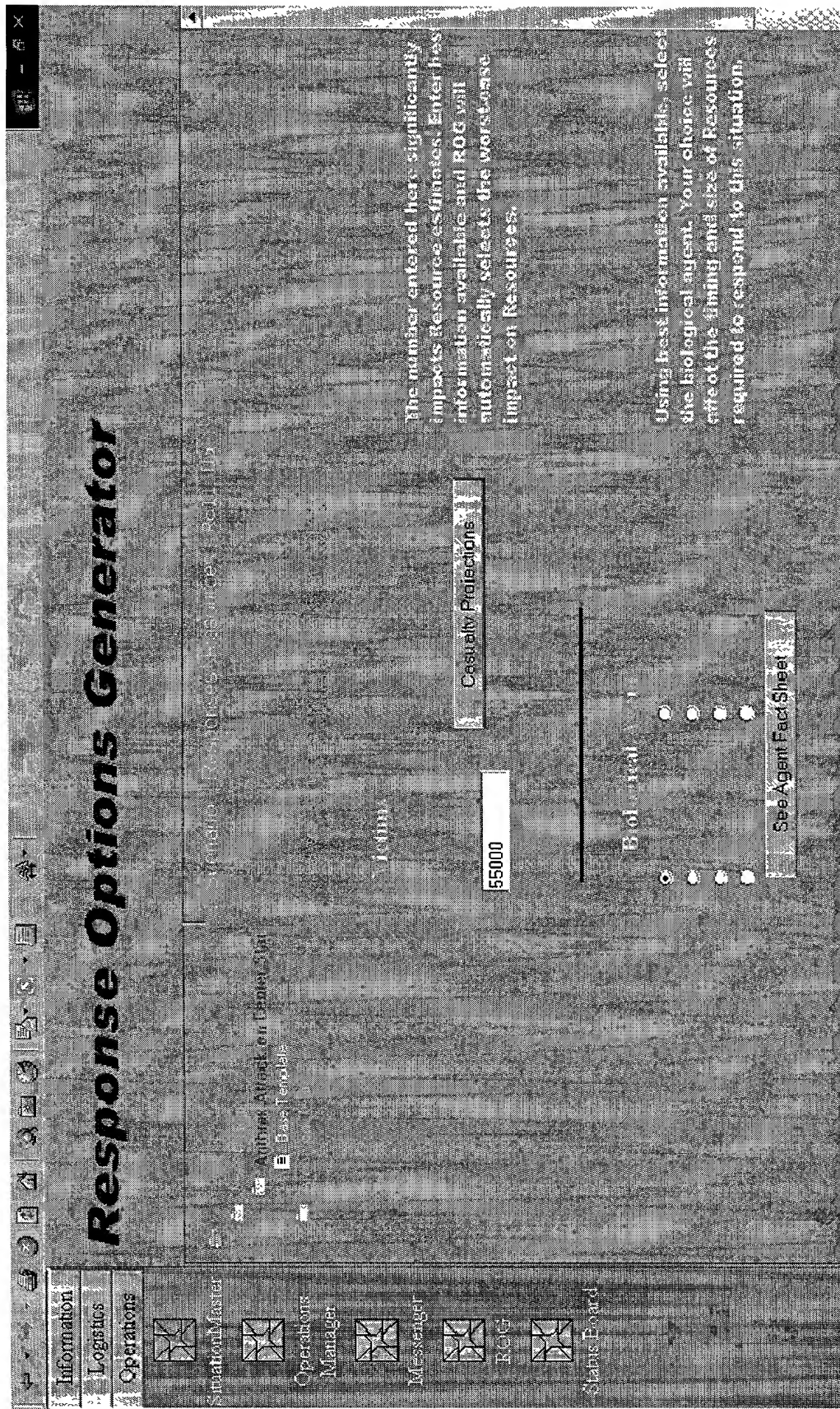


Fig.10

Anthrax

Characteristics

Anthrax is a zoonotic disease caused by *Bacillus anthracis*. Under natural conditions, humans are infected by animals or contaminated animal products. Human anthrax is usually manifested by skin lesions. Attack with anthrax spores delivered by aerosol would cause inhalation anthrax, an extracutaneous disease. Since anthrax is a zoonotic disease, deaths in cattle and sheep coincident with anthrax attack.

Clinical Features

The disease begins after an incubation period varying from 1-6 days, presumably dependent on the dose. Onset is gradual and nonspecific, with fever, malaise, and fatigue, sometimes in association with chest discomfort. In some cases, there may be a short period of improvement. The initial abrupt development of severe respiratory distress with dyspnea, diaphoresis, stridor, and evidence of pleural effusions, edema of the chest wall, and meningitis. Shock and sudden respiratory symptom and fever onset.

Vaccine

A licensed, formalin-inactivated cellular supernatant vaccine comprising the B. anthracis protective antigen (PA) can be effective in preventing inhalation anthrax. Antibody against protective antigen develops within 10-14 days and reaches 100% after 12-month dose. The vaccine should be stored at refrigerator temperature (no freezing).

Antibiotics

If a biological weapon attack is imminent or cases have just been diagnosed, prophylaxis is recommended. Effectiveness of antibiotic use will depend on how early treatment is started.

Fig.11

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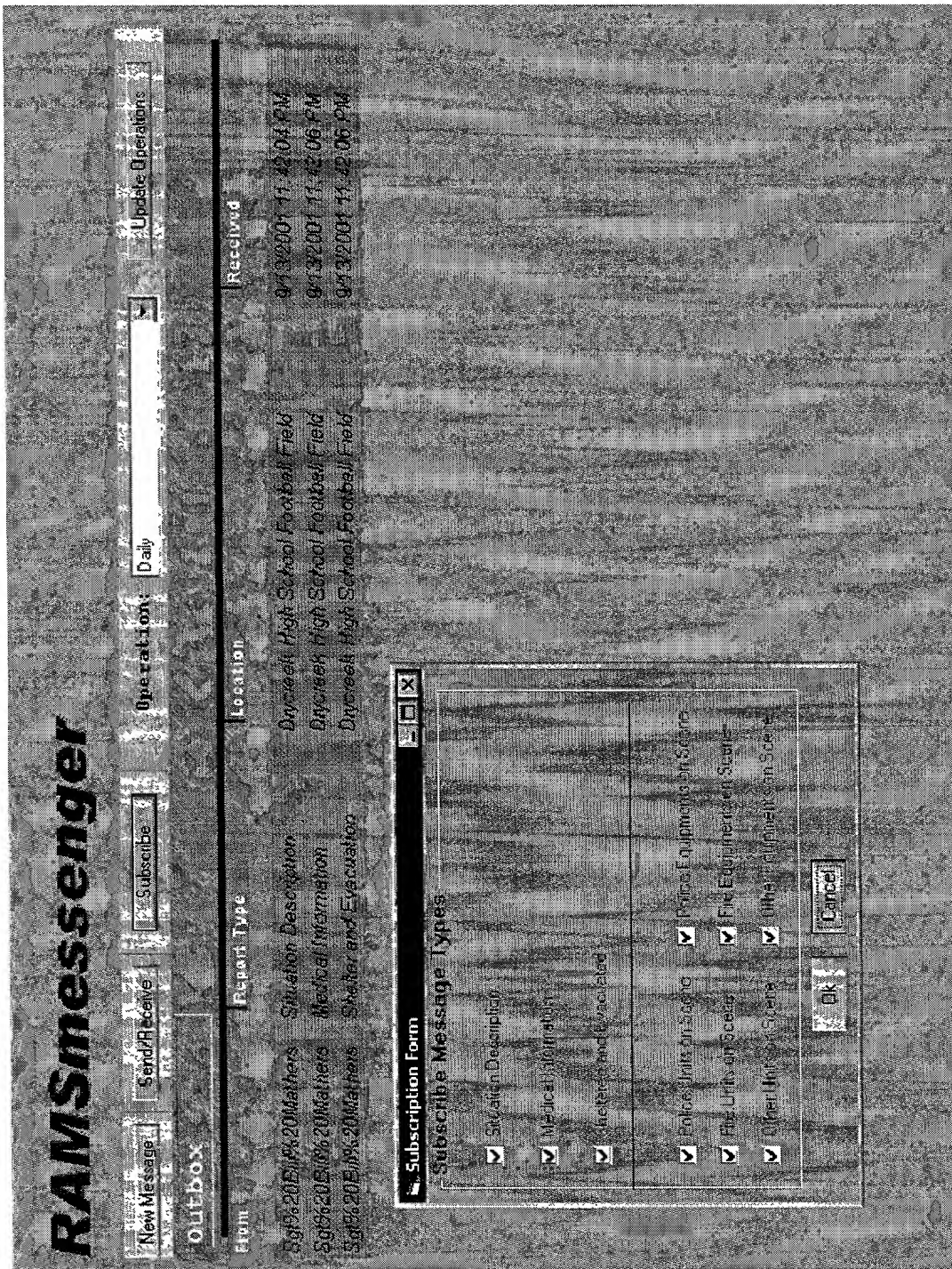


Fig.12

Status Board

Situation Description

Incident Time: 9/13/2001 10:13:00 PM

Comments: Spectator stands on North end of field collapsed. EMS is on the scene. Still many people trapped under the stands. Need welding tools to cut through the steel.

Operation: All Operations

There are no messages.

Medical Information

Incident Time: 9/13/2001 10:03:00 PM

Fatalities: 27

Hospitalized: 12

Released: 0

Comments: Spectator stands on North end of field collapsed. EMS is on the scene. Still many people trapped under the stands. Need welding tools to cut through the steel.

Police: Units on Scene

Units on Scene: Car 47 Car 52 Portable Incident Command Vehicle

Arrival Time: 9/13/2001 5:00:00 AM

Departure Time: 9/13/2001

Comments:

Situation Description:	Murray Building	9/13/2001 3:10:00 PM
Medical Information:	Murray Building	9/13/2001 3:10:00 PM
Police Units on Scene:	Murray Building	9/13/2001 3:10:00 PM
Situation Description:	Artists Relief - Il Velero Stadium	9/13/2001 7:54:00 PM
Police Units on Scene:	East Tower Mall	9/13/2001 7:53:13 PM
Situation Description:	Dixie Creek High School Football Field	9/13/2001 11:44:36 PM
Medical Information:	Dixie Creek High School Football Field	9/13/2001 11:44:36 PM

Fig.13